

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002198

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 159

Primary Registration District No. 5590

Registrar's No. 7

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 28 1963

VS 300
Rev. 4/59

10.500
20.500

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fletcher		c. CITY OR TOWN Fletcher	
Length of stay in 1b 7 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Del.		d. STREET ADDRESS (If outside, give location) Gen. Del.	
3. NAME OF DECEASED (Type or print) First JANA Middle KAY Last NICKELSON		4. DATE OF DEATH Month Jan Day 17 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-2-1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Bernice Nickelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. *****	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia DUE TO (b) Hydrocephalus, Congenital DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female, was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		17. INFORMANT Donald Minx Gen. Del. Fletcher Address Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. DATE OF INJURY	
21. I attended the deceased from 1960 and last saw her alive on Jan 17, 1963 Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R. E. Pierce (Signature or title)	
22b. ADDRESS D.O. 105 Easton Dr. S. 1st St.		22c. DATE SIGNED 1-18-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-19-1963	
23c. NAME OF CEMETERY OR CREMATORY Horine		23d. LOCATION (City, town, or county) Richwoods, Mo.	
24. FUNERAL DIRECTOR MAHN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 1/19/63	
26. REGISTRAR'S SIGNATURE Carle T. Keen		27. (Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Arnold J. Fahr*
 Licensed Embalmer No. 4975
 P. O. Address *De Boro, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.